

COUNTY OF GREENE REQUEST FOR INFORMATION FORM

Every effort will be made to provide requested information within five (5) working business days. Please be aware that some requests may involve copying large volumes of material or require research and a fee may apply pursuant to the attached policy.

Please complete the information below. The form can be mailed to: County Administrator's Office, P. O. Box 358, Stanardsville, VA 22973; faxed to: 434-985-3705; or dropped off at the Administrator's Office located at 40 Celt Road, Stanardsville, VA. If you have questions regarding this form or procedure, please contact the Administrator's Office at 434-985-5201.

| NAME: | | | | |
|--------------|---------------------|--|---------------------------------|--|
| ADDRESS: | | | | |
| PHONE: | (H) | (W) | (FAX) | |
| | | I am requesting the fol | lowing information: | |
| | | | | |
| () Please 1 | mail information t | n when notified it is read to address listed above. ation, if possible, to the | ly. Following email address: | |
| Date | | Signa | ature | |
| | | FOR OFFICE | USE ONLY | |
| | | Authoriz | ed by: | |
| Count | ty Administrator | | Date | |
| Collec | cted by: | | | |
| Notifi | ed by: | | Date | |
| Inform | | | Date | |
| 1111011 | nation provided to: | Name | Date | |